

**MID MO
TRANS FOLKS:
LIVING UNDER
EMERGENCY**



THE FINAL STRAW RADIO - JUNE 2023



The Attorney General withdrew the ruling, claiming that it was no longer needed because the Missouri legislature had passed two bills that removed access to trans care for youth. The situation on the ground in Missouri is still dire, but the particular extremity of the rule has at least temporarily been dodged. (Just after, Gov. DeSantis in Florida introduced a flurry of new anti-trans legislation as if to outstrip Missouri in hateful targeting). During this conversation, we discuss the specific details that made this rule significantly threatening, as well as the various reactions and organizing efforts that it provoked. Though the situation has changed in Missouri, the discussion still holds important insight for those of us committed to the struggle against the state's gender fascism, since this is a coordinated effort by the Republican party across state lines to wield violent power against specific populations deemed disposable. I will also read a statement by the organizers written in the wake of the withdrawal of the rule.

You can find the guests at Mid Missouri Trans Folks
on instagram **@midmotransfolks**

TFSR: *In this discussion, we talk with two trans organizers in Missouri about the recently withdrawn emergency rule made by the State Attorney General, Andrew Bailey. At the time the emergency rule, which was one of the most far reaching bans on trans access to affirming medical care had been stayed by the courts and was awaiting further hearing. The Attorney General withdrew the ruling claiming that was no longer necessary because the Missouri legislature had just passed two bills, removing access to trans care for youth. The situation on the ground in Missouri is still dire, but the particular extremity of the rule has at least temporarily been dodged. Just after this governor DeSantis and Florida introduced a flurry of new anti trans legislation as if to outstrip what Missouri had been doing in its hateful targeting.*

During this conversation, we discussed the specific details that made this rule significantly threatening, as well as the various reactions and organizing efforts that it provoked. Though the situation has changed in Missouri, this discussion still holds important insight for those of us committed to the struggle against the State's gender fascism. Since this is a coordinated effort by the Republican Party across state lines to wield violent power against specific populations deemed disposable. I will also read a statement by the organizers written in the wake of the withdrawal of this rule.

So can you please introduce yourselves with whatever names, and pronouns you'd like to use, and any affiliation you want to name for us?

WANDA WATERMELON: I'm Wanda watermelon, she/her, and I guess I'm with the Mid MO Trans Folks.

CAINE: I'm Caine, he/they, I'm also with Mid MO Trans Folks, and I'm an art teacher.

TFSR: *Thank you so much for coming and talking with us. It's around really difficult stuff, but I think it's important to get some information out there. So can we start off just by talking about the emergency rule that the Attorney General made in Missouri, and what it contains, what makes it different than other anti trans policies we've seen in other states, and how it's being interpreted or implemented?*

CAINE: All right, one of these subtopics at a time for me. So what does it contain? It is not necessarily clear what the facts the individual statements in the emergency order will happen. That's one of the things about it that's different. It seems to be primarily targeting doctors. It opens them up to

massive liability, which has been a common right wing tactic right now. It's trying to get them to stop offering things of their own accord, in addition to having some pretty serious potential legal consequences within the order, depending on how it gets executed. It's currently in stasis... a restraining order until July or until we get another ruling. Do you have more on that one?

WW: Yeah. So there is some specific language in the law that I think created a lot of extreme anxiety for those of us inside the state. I think in the wider trans community as well. Namely, the term social contagion is used.

CAINE: That's a question later down. We're gonna go off at length about that.

WW: So, that, and just how the language seemed very targeted to people with existing comorbidities in terms of mental diagnoses. Specifically, autism and anxiety, are the two that are named in the order, as well as social media addiction. So those are some ways it's kind of different.

In terms of how it's supposed to be interpreted, or implemented, we do know from some comrades in working in Planned Parenthood within the State kind of how those things look. People are able to self report that they've had X amount of therapy, which is one of the requirements for continuing care, there's a tool they're using to screen people for the social media addiction, and that's only for youth.

CAINE: Okay, good. That was not necessarily clear right away, either.

WW: This is just how Planned Parenthood's legal department is interpreting how they're going to continue care. Planned Parenthood has money to defend themselves legally. So they're not as at risk as independent providers who may interpret these laws in more radical ways to protect themselves from liability.

CAINE: Do you know if they're still going to go ahead with doing that since its own restraining order?

WW: No, they won't be implementing any of those things in the order until the order itself has passed. They just kind of preemptively were getting ready, what they would do, how they would screen people. There's an autism screening that's also part of that. But that's another thing where people can self report.

TFSR: *Wasn't there some language about if people had died if they were taken hormones, or if you knew anyone who had committed suicide.*

CAINE: So there is a separate [thing]. They released the anti trans emergency order, they released a bill targeting children, and then they also a few days later released a form, a bounty form that encouraged people to turn in doctors that were doing trans care. I don't remember, there probably was some language about suicidality in the actual order, but I know that that was something they were looking for reports on.

To go back to the question, one of the things that makes it different is that this one was broader and targeting adults and comorbidities very explicitly, which has always been part of the plan for this legislation. They started targeting sports, literally to get people comfortable talking about anti trans issues, and they've moved on to medical bans with the eventual goal to remove the and de-transition all adults and to remove the possibility of trans care in the entire country. As part of that they are soliciting that kind of data. At the same time, not related to these bills, one of the senators is targeting Washington University with the equivalent of slap laws. I'm forgetting the word but it's intended to make them not be able to operate. Its reports for information on the trans care they're currently providing to minors. All of it is about the the merest surface level addressing excuses to remove our care, if that makes sense. So they will be soliciting information on suicidality in order to exaggerate the effects, and they don't care about the fact that removing trans care is most likely to increase those effects.

TFSR: *Right. I mean, that's interesting. A couple of things that I'm noticing that are different, this goes straight for all trans people. It's not starting with trans youth, which is something we've seen in other states. Then also you're talking about how part of this ruling is a way of collecting data, like biometric data on trans people. Do you have any thoughts on either of those? Anymore thoughts on the data collection or how they just went straight for all trans people?*

CAINE: Bailey, that's the Attorney General, chose to do this by executive order, which itself was unusual. He's gotten some criticism from his own side for basically jumping the gun and going too hard too early. Because that's allowed people to push back and see what they're doing kind of nakedly.

In terms of collecting data, I don't remember how much of it is in the order, but part of that questionnaire, and notably that questionnaire

was on the Attorney General's website, was report doctors. It said, "if you had any concerns about trans care that you were aware of" and it allowed people to report from out of state. So it's very much one of these, similar to the anti abortion bounty laws. It was a data collection portal for that specific thing. It was taken down pretty immediately because a bunch of hackers spammed it, and they couldn't keep it functioning... which, thank fuck.

The other efforts are Josh Hawley trying to get data from WashU and they're just scraping any medical data that they possibly can. I don't know how much of that is to collect data on individuals. I do know that some of it is to prevent the institutions providing care from being able to function, because having to collect just distracts resources from the ability of providing the service they're there to provide. I assume they're going to use it for terrible purposes, but I have no idea what those are right now.

TFSR: *Yeah, thank you. I'm curious about how the ruling was received in the state by cis and trans communities. One thing that I've heard was a lot of people talking about how incoherent that ruling is and you've talked a little bit about that. But can you describe what you saw on the ground in terms of response?*

WW: Yeah, so in a greater sense, the way this stuff is going as the fascist creep progresses and more and more of these laws are coming out. They're this dual thing to where people are numb to it because it's happening on the daily. Every day there's new laws, every day there's a new mass shooting, and attention spans are short. But for those of us who are on the receiving end of these laws and bills, it's psychologically really damaging because they get sensationalized. A lot of the information that gets shared about them is headlines that are highlighting parts of bills that may or may not be legible in a way that people know how to react or actually know what the threat level is.

This bill in particular, I remember the first couple of days, we were just like, "Okay, well, everyone in our polycule is autistic and takes hormones, so does that mean we all need to flee the state immediately?" There's a lot of fear that they're trying to get people to go get diagnosed and then bar them from care based on those diagnoses. So, we see a liberal response of a lot of people trying to run out and get these doctor's notes and get autism diagnoses and then the same time like, it's unclear whether or not that's going to bar people from future care.

One thing with Planned Parenthood, the way they were going to screen for social media addiction was that if a youth reported that they had it, they would be barred from care for three years before they could take

the test again. It's a matter of answering a survey, like, "Do you feel like you spend time on on Instagram compulsively?" We can tell a kid to go in and say, 'no' to that question, but only because we got the inside scoop from a Planned Parenthood employee. So the ways these laws are implemented and the way that we receive them initially through social media, it's really psychologically damaging. Then we're trying to be, as a community of people with different ability levels and different neuro divergences, we're trying to keep level heads, figure out how to read through these laws and interpret them, or reach out to people who know how to do that. So that we can even have an objective basis from which to start organizing and resistance.

CAINE: And not get totally overwhelmed. The social media thing, in particular, is extremely insidious, because we're a disparate community. In cities, you can find a bunch of us together, but if you're a young rural person, and you don't have a community around you, then social media was how you found the possibility to exist as a trans person at all (which a lot of my friends talk about) and found other people like you. So the fact that they are targeting the means by which we communicate with communities outside our immediate locales, is really vicious. Everything about this particular piece of legislation, it's not technically legislation, everything about this is really insidious.

How did it get received by cis and trans communities? Cis communities didn't realize it was happening. The news that most cis people get do not cover this. If they do, they do it really both sides-y with a lot of bullshit and I have no other term for that. Cis people either had no idea it was happening, or they didn't have accurate information about what the stakes are.

Additionally, the fact that this and other bills are partially trying to convince doctors to not offer care themselves means that it's sort of like laundering the Republican efforts to do this. It doesn't seem as cruel to cis people, because the doctors are the ones who are choosing not to treat us. They don't realize how much all of this stuff is affected by their inaction, their unawareness.

How trans communities that I know of have have received it? Like if you're in state versus out of state, there seems to be a divide. People out of state do not realize how fucking traumatic it is. I'm not the same person I was after April 13, which is when I think this happened. Everything in my life has dramatically changed in some serious ways. Some of them have

involved community coming together in defiance, but the rest are pretty shitty.

WW: Yeah. I would say there's a few things about this. The way it felt for this order to hit was we saw all the cis people around us that didn't know anything was wrong and it felt like to all of us that we had just had our futures ripped away from us. Continuing to go to work and having people that we are supposedly in community with just totally ignorant to our plight is really hard. That is even happening inside of our own trans community, because a lot of people who don't take hormones aren't affected by that and don't experience that.

Then beyond that, all of a sudden, for the first time, all of these folks in Missouri, who are folks like us, who are middle class white folks are all of a sudden fearing getting barred from care, and then reactionary stuff and try and start organizing. But the reality of that is all of these people who have been dealing with being disabled or marginalized in other ways that have barred them from care already are having to be like, "Y'all. You're entering our space to organize resistance after you've abandoned us, especially in the pandemic." The order essentially meant that, from our understanding, as organizers, that all of us were seen as being disabled because we're trans. So that means, when we organize to resist this in Missouri and in other places, if similar language is used in laws, we have to be prioritizing the needs of immunocompromised people specifically who've been abandoned by us, which means doing a lot of accountability and repair work right out the gates to be able to center those voices. To find them and learn from them, because they've been fighting this fight. Now transness and disability justice issues, at least in our paradigm in Missouri, have become one thing.

TFSR: *I'm really glad you brought that up. I was thinking about how recently, there was a victory for us. Something that was initiated by a Black trans woman who was incarcerated who was trying to get access to hormones, and was trying to get that through disability accommodations through the ADA. That was a victory for her and also maybe other incarcerated people being able to get access to hormones. But you are also in Missouri, seeing this connection between transness and disability that has the other side of that, when the state regulates who can access what, and has these terms of transness and disability that also have these negative effects, right? Because they can uncover a genocidal impulse of the state. So I'm glad you brought that up.*

I'm curious what you've seen in terms of the overlap of disabled and trans people responding to this. What they're asking for in terms of other people doing the organizing trying to support other trans people trying to do solidarity work, what they're saying in terms of their needs?

CAINE: So my background is a lot of academic and theoretical and historical stuff, so my knowledge of this immediately goes down to possibly a less useful answer to this question, which is that transness and disability have been intertwined for a very long time, and that they have been used by the State and the nation in order to divide rifts against each other with specific regards to legislation. So the original form of the ADA was only passed because they explicitly outlined trans people as not covered by disability. There have been a lot of steps towards addressing that, but it's important to note there, that this is something that governments do in order to separate the truly powerful forces that could make changes to them, which is coalitional activism.

In terms of what I've seen on the ground, I'm a little bit limited here, because I'm fairly disabled. I don't really meet a lot of people, but everyone I know is also disabled. So I haven't gone out because of the pandemic, because nobody was masking. We've started wearing masks again, which makes me slightly more comfortable. But, you know.

WW: It's difficult again, the reality is that a lot of the folks that we hope to reach, that we see as being in similar positions to us in terms of not being able to leave, it's hard to reach them because a lot of our friends that have been sheltering the whole time have just been completely alienated from community and have seen a lot of the other trans folks just do their own thing, go out to super spreader events, not take any of that seriously. So there's a lot of trepidation. What we're saying is, "Well, okay, well, they're trying to do eugenics to us now, too. So sorry, we missed out on giving a shit about you, and we had the chance." But that's not an easy thing to overcome. So, it's difficult and a lot of this is happening to happen. The order hit and we were like, "Shit, we gotta get our eggs in a row." Then the reality of what this work is very slowly meeting people one by one, often parasocially, often at the speed of trust, which is a slow thing.

One thing I really want to want to say is that I hope that other communities across the country, start organizing, build community pharmacies, build up their infrastructure, so they don't have to do what a lot of us who weren't already experiencing this kind of crackdown from the

government had to do, which is like, “Oh, shit, I guess we got to get our get our eggs in a row now and talk to each other.” We can start now. The reality is like, this shit keeps escalating, if we get a fascist in office, there’s no reason the same laws they’re pushing at the state level couldn’t be pushed at federal level.

CAINE: They will try to push them at federal level, whether or not they get a fascist in and if they get a fascist in then it will behoove us to have these these systems in place.

WW: I guess, caveat: openly fascist instead of closeted fascists.

TFSR: *Right. That makes a lot of sense. COVID produced the situation of isolation for so many people, that contributes to the ability to control us through the lack of access to our different kinds of needs. So that makes sense that that’s something that you have to overcome in this step by step way. I’ve seen that even in the response to Missouri and other states. I’ve been trying to connect people, there’s, “How do we know if we can trust anyone?” There’s a suspicion. So thanks for expanding on that.*

But let’s dig in a little bit more to the peculiar aspects to this ruling. These are things that have been in the anti trans discourse, but it’s coming into the writing and the ruling in a particular way. So I want to hear what your thoughts are and how it’s been received, on social contagion, the screening of social media addiction, which we’ve talked a little bit about, and the other rulings about how trans people relate to each other, people on hormones, if you know people on hormones? If you could have thoughts or more information on this, I’d love to hear that.

WW: I mean, right off the bat, there’s something really chilling about hearing Fox News talking points, all of a sudden, coming over the whatever passes for law in this country. This like anti scientific, anti evidence based approach that these conservatives are pushing, it’s really difficult to argue and defend yourself against people who are choosing to flat earth your existence out of existence, essentially.

So social contagion, this whole idea that kids are going on TikTok and becoming trans because they see trans adults living lives and feeling fulfilled and happy, and the Conservatives see that as older folks grooming these young people into becoming trans or whatever. It’s a completely absurd notion and very reactionary thing. The really scary part is that when

we were learning about the ways Planned Parenthood was looking at implementing these things, even though this is completely unscientific, they still have to be accountable for doing a screening on social media contagion. It doesn't exist. It's a fake thing.

So what we see happening is this nonprofit, that on one hand is spending a lot of money and trying to defend our rights and continue giving us care, they also end up being the arm of the State that implements these genocidal terms and tactics against us. Screening for social contagion, or screening for autism before giving people informed consent care.

CAINE: Which was so revolutionary when it happened.

WW: I don't know, it's it's particularly alarming.

CAINE: So again, my background is a little more 'history-y', none of this shit is new. In addition to being a dog whistle, the idea of social contagion, particularly, the term started being used in 2016, 'rapid onset gender dysphoria,' but I saw it first in 2018 personally. There was a study that Littman produced out of Brown University that posited this in an official way. Since then, that term has been used in a lot of this legislation, and I think is fueling a lot of this particular line of inquest. Social contagion is used in that phrase. The thesis of that study is basically that...

It's worth noting before I say that, that the study was performed on the parents of trans children who did not support them, and who were found on anti trans websites. These were primarily afab trans folks. The argument was basically that they were too engrossed in a fad, they didn't know their own identity, and that this was just a way of coping with complex emotional conditions on the ground, basically. So they weren't really trans, it was a fad. That is poisoning every thing that is happening now.

That's also when you start seeing a bunch of articles come out using this idea in math. From there, within the year, both that study and the articles are being quoted in legislation that starting to target trans children. It's been really depressing to be watching this for years, because I remember when that study came out in 2018. I see that it's using the same terms and where they failed in 2018 they are starting to succeed. Everyday conversations are starting to have this specious idea in them that I have to argue with all the time now.

Before that, a lot of these ideas are coming from the 90s, in the early 2000s, and even earlier than that where they were primarily targeted

towards the idea of gay people, generally. They revive old evil shit and they use it in new forms. I hope that was coherent. [laughs]

TFSR: *Totally. So there's a history to this, that finds itself into the texts of the law. You gesture towards this and we are talking about this in terms of the ruling itself, these are things that have been proven wrong, to whatever extent you can do that, scientifically or medically, these ideas of social contagion. I wonder if you have thoughts on why that doesn't matter. I was thinking, also just listening to you before, about how so much of this is incoherent. Everyone in different places has different responses to it. The ruling itself leaves it up to individual doctors and service providers to determine how they're going to do it. But also, whatever regular people being able to snitch on other people, there's no consistent agreed upon consensus reality around any of this.*

I don't know if you have more thoughts on that, on the junk science or the incoherence of these ideas?

WW: The attempt to muddy the water is very intentional, because it's so hard to combat that. If you're both screening people for autism, which does exist and does show up in our community, and then simultaneously screening for something that doesn't exist, social contagion, and all that data is collected, it doesn't matter anymore, when two years go by and they can say like, "Oh, yeah, 40% of the people in Missouri have comorbidity of autism and social contagion that are trans. So here's our evidence." Even with the rat sheet, the report sheet that they had online, it got taken down because people flooded it with false responses, but then you also hear that the conservatives will just spin that to say, "Oh, well, we had so many responses to this. Look at how much the community's concern with transness." I think what happens when these fascists like muddy the water in this way is that then they're able to pull out all of these bullshit straw men, and pretty soon, there's so much misinformation, the erasure of the reality and the science starts to become more of a complete picture. It's already happening where you'll run into liberals, cis liberals and have conversations about transness and they'll be like, "Okay, yeah, like this shit shouldn't happen. But should trans women really be competing in sports?" Or like, "Is it that big of a deal if y'all can't use the right bathroom? Like isn't that just keeping people safe or whatever?" Even though the data is completely against it like, it becomes a more normalized position just from the proliferation of these mistruths and doublespeak.

CAINE: There are studies on bias that show that if you repeat an untruth long enough people will believe it. A lot of people do not have the time or energy or capacity, often legitimately, to do a lot of the fact checking we require, and when the lies that are being told about us tend to validate things that people want to believe, because I get the impression from the cis people I talked about that the initial time they confront the existence of trans people, it makes them feel uncomfortable about their genders. Which is a good experience for everyone to have, maybe, but people don't like to be uncomfortable. So if you have someone else telling you, "Oh, that person is just mean," there's a lot of people that are going to just believe the one that's easier. When you have two groups, and one of them is trying to argue with the truth, and one of them is happy to lie... the group with the harder burden is going to be the people telling you the truth, because it's easier to lie and to lie in many directions.

That's why none of this has to be coherent. It's not trying to appeal to the part of people that thinks logically or knows things to be true. It's trying to appeal to the part of people that feels and there's nothing about feeling that is linear or logical.

WW: Yeah, we're talking kind of about how this is affecting cis people, and people who don't share our political understandings or whatever, but then inside of our own communities, unless we are radically stomping out misinformation, including when we hear these headlines, like I was saying, "Oh, our whole polycule has autism." Unless we're doing the work of sorting through all this information, and combating all of the misinformation, it doesn't matter whether these laws even fucking pass, because people are fleeing the state already, and for good reason. This is happening now, who knows what the next thing is. It definitely feels like this escalation in Missouri is something that they'll be able to repeat and has damaging effects on the larger trans community in terms of the misinformation and the baseline anxiety trans people in this country face.

CAINE: And morale, just among us, it's a slog, you have to be constantly addressing it, you don't get to rest, you're exhausted, everyone around you is exhausted. It's a lot. To shift the Overton window for cis people, and then for trans people it's just like, "We only have to falter once, we have to be too tired to combat at once, and we lose so much ground."

WW: Many of us are already struggling just to maintain housing, and work, and have the money to be able to pay for our medication. Having that need

to be compounded by sifting through information. I dropped out of high school. That's not within my wheelhouse. So what we're having to do is come together and really be honest about what our capacities are. We're all just whittled down to the bone. Just trying to get through the next day, trying to make sure we have a stock of meds for ourselves, that we all have escape plans, then beyond that, that we're all fed, that we're all getting to rest, that we have people to talk to, and be able to process this stuff with. The pace of it is so aggressive, that we find rest is evasive, being able to put down the social media and not look at what's happening for a while. It never leaves your head. It's just constant fear and anxiety.

CAINE: It's hard to find time to be human.

TFSR: *Right. Yeah, in a way it makes trans people have to be trans in a particular way all the time. The way that you're describing it... I've been thinking about how these attacks in one way really narrow our focus in terms of our organizing and our movements to having to defend against these attacks. So there's that. It means that we have to face against the State rather than carving up spaces for ourselves that are more able to flourish. But there's other ways that just whittle us down. They steal our time away, our lives away by having to talk about it all the time.*

WW: We already live in a world where the AG order went through, because we don't have the choice to wait to see what happens.

CAINE: It's such a bad sign that it wasn't struck down, it's just a restraining order, kick the can down the road another couple months. It's hard to explain to anyone who's not living through this right now how much this kind of limbo is terrible to experience.

WW: Totally, I was almost disappointed, honestly, when the restraining order went through, because it was just like, "Cool, we get to keep living in this anxiety, where we just don't know what's going to happen and we can't really make plans for our futures." We just have to live in this world where we're 'worst case scenario' all the time kind of thing.

TFSR: *Yeah. They have the time and they can wait us out too. That is something my friend has been talking about.*

Since you brought it up a couple of times, can we talk a little bit about the decision to leave or stay? We had a discussion on The Final Straw recently, with people in Texas. They had a lot of thoughts on that. What are you seeing? How do people make this calculation about whether they should stay and continue to be trans in Missouri and organize or leave for your own safety?

WW: Yeah, I think this one very much comes down to an honest assessment of what our privileges are. It's exactly what you'd expect to see. Liberal, white, affluent trans people. Fuck yeah, they're all moving to the beach, right? And good for them. Then there's all the in-betweens, of where you sit in terms of mobility, flexibility. I definitely support and we were doing what we can to help people have places to go for asylum. I don't want to shit on that at all. I want my community to be safe, and whatever. But the other side of that is that this is a frontline and there are people who can't leave. So in our organizing, it's very important that our priority is those people.

The truth of it is, we don't believe that you can outrun fascism. We don't believe that going to the next state over is really a sustainable solution on a wider scale. Maybe as an individual, maybe temporarily. But for us, and I don't want to speak for the other people in my group, but I do feel like the thought of, "Let's just plan on seeing what we can do to make it work here," and do some prefigurative thinking about, "Okay, things continue to get worse, what do we do to make sure we can continue having hormones for the next half a decade?" What would that look like? What would it look like if tomorrow we had to flee en-mass and it stopped being an option to stay. Would we be able to help the people who are more vulnerable than us get out of the state? What does that infrastructure look like? That's my thoughts on it.

CAINE: I feel a lot the same. So I'm of the opinion that when some really big moral decision like this, you owe it some time to really wrestle with the implications of what you're doing. I also think that, like we just said, this is a frontline and not everyone is the most useful here. So I think everyone needs to make this decision very seriously, themselves, but they need to make that decision with the awareness that every person who leaves is reducing the ability of organizing strength here. As the coalition here gets smaller and smaller and more desperate, that's a real removal of power. If you do leave, then perhaps you can think of ways that you can support the community here that can't leave because there's a lot of people that that can't leave.

For my purposes. I'm half out of the state already and I'm going to a place that's not really that much safer. I'm going there because I have family. You can't outrun this, so if I have to stop running, I'd like to do it around my family. But that's a decision that all of us have to make and we should struggle with it. It shouldn't be easy.

WW: Yeah. I also think that there's two other points to me that stick out about this. One is questioning a reactionary impulse. I think that's really important. They try and scare us, they try and make us afraid that our lives are unsustainable, or we won't be able to continue existing here, they want us to leave. But perhaps the solution is to wait and to choose inaction and assess what are our options and what do we gain and lose by giving up this ground? I think there's also just a part as an anarchist and a trans person, of just like, "Okay, shits going down here where I am, and this is a front line and we don't just abandon people." The state decides they're gonna try and destroy lives and pass these laws that kill trans people, then we're gonna stay and try and save lives. What is there in the next state that's more important than that for those of us who can fight?

TFSR: *Yeah, thank you, for all those thoughts. The US, because of the way that states pass laws that are different, it creates this weird uneven terrain where there's these pockets of places that things are going down and pockets where it seems relatively safe and that makes it kind of confusing to think about more global organizing and where to put our efforts. So it's important that you point out that there's places where right now where we need to be on the defense, and places maybe where we can be building up other kinds of support and mutual aid that will come into connection as needed.*

So I want to ask a little bit about what you've been seeing in terms of organizing. We've talked a little bit about Planned Parenthood, you can talk if there's more nonprofits and bigger organizations, but I'm also interested in the kind of grassroots organizing or anarchists or mutual aid type stuff that you've been seeing as a response to this?

WW: Yeah. I can't really speak too much to other people organizing on those fronts inside of the state. A large reason is the work we're doing and the work a lot of those people are doing is not... we're assuming that our medicine is going to be criminalized, and we're not going to be able to get it. So it's hush hush. But I can speak to what we have experienced for our own

kind of immediate organizing. This situation has potential to be really gross if all of a sudden, certain states have banned hormones, this opens up potential for a lot of exploitation and a black market and a lot of harm to be caused. But that being said, at least in our circles, the reaction we've had from our greater trans community, which is friends and other states, it's a culture of freely giving help. So we've had people sending us money and helping us build our pharmacy and have the resources to be able to help our community out of their own time, and out of their own kindness, and with no expectation, because there is this idea of solidarity amongst the majority of the trans folks that we personally, but I personally know, and the people we organize with here now. Shout out to friends in Salt Lake City who did a great fundraiser for us. We've got friends in Oakland, who've been helping us, friends nearby.

You mentioned earlier that it's uneven terrain with different states and different laws. That's also a point of strength for us. When we have friends in Illinois, and Wisconsin, and Minnesota and these other places that are within stone's throw, or even Chicago. We have friends in Chicago who've been helping us out. Luckily, amongst the non monolithic trans community, there's hackers, and chemists, and security people who are great at making sure we can organize safely, there's a massive amount of skills and labor and care being offered.

One thing that's made me feel really inspired and empowered in staying and in organizing is that the people around the around the so called the United States... we know the truth of it, we know that this is coming, they're coming for all of us, so as we build to support Missouri right now, we're talking about how we can show up and support our friends in Texas, and friends in Florida. It's like triage. Where's where's the need? And how can we help each other as a greater trans community? I feel like we have a lot of power in that.

CAINE: It's been really humbling, the amount of help that has come from out of state and from communities that we are connected to. Trans communities have always had this really beautiful culture and diversity of experience that you just don't find in other kinds of community. Right now, that is a major strength. I mean, your first impulse was to bring us all together, almost literally, like within a few days you were bringing us all together in a much more organized way. Which is impressive as hell.

WW: It's been nice. We make dinners, and we give each other shots, and we play card games, have a little reprieve.

TFSR: *I think that's so important to also talk about because as you were saying, this makes your life exhausting and painful in so many ways to be on the front line. But like that, we also find ways to come together and have joy and connection. Which is super important. Something that we don't always talk about when we're organizing in crisis is that we still have these social needs to meet. Thank you for talking about that. Do you have any thoughts on things that you've learned from the people who've been on the frontlines previously, or other kinds of things that you've been able to take from people who are not facing this kind of immediate danger? Any specific things that you've taken from these connections that you've been making?*

WW: In a wider sense, this struggle is all one struggle, right. We are seeing the repression tactics being used in Georgia right now, for example. We don't see our struggle as separated from that. We know trans people on that frontline, too. In Stop Cop City. I don't know the best way to say this, I guess. But I feel like there's a lot of lessons that have been learned in organizing, in general, in the last decade, from Standing Rock, to George Floyd, to Stop Cop City, we're seeing all of these same kind of repression tactics from the State. A lot of the lessons that were learned in those other organizing spaces are super applicable. Also, a lot of the trans community that we are organizing with, in a greater sense, have been in the trenches already doing this other kind of work, which means they have experience with security protocols experience with dealing with these repression tactics of the state. So as we are reaching out and talking about all these things, it's being informed by that larger struggle. I feel like we have a pretty extensive Toolkit, which is really cool.

Then specifically amongst the trans community, the proliferation in the last few years of people producing their own hormones has been massively helpful. Personally, I'm not a lawyer, I don't know how to read through laws and understand what they mean and I'm certainly not a chemist. But luckily, we have the friends that are, kind of thing, and there's lots of those friends in surrounding states and across the so called the United States. So that information and that work that's being done even in safe places enables us to have a lot of options and a lot of fluidity in how we approach surviving these conditions.

CAINE: The stuff that I always ask when I talk to people with more experience in these fields is, “How do you manage burnout? How do you manage not getting overwhelmed by the constant slog?” The stuff that’s perhaps more emotional or like more about staying whole through all of these processes, if that makes sense. In addition to the very pragmatic concerns that we have to deal with every day, there’s also the, “How do you manage the stress of all of this?” That that advice is very invaluable to me.

TFSR: *That makes sense. I’m glad you were both highlighting the fact that trans people have been at the forefront, we could say, of a lot of the struggles over the last number of years. That’s also part of the connection. But I’m thinking too, as you bring up the making hormones, there’s also this kind of network for making abortion medication. I wondered if you’ve seen any kind of connection, practically, between the struggle to maintain access to care for trans people and the in the struggle to maintain access to abortion, or if you think that there’s possibilities there that could be really interesting or important to make connection with the abortion struggle by tying it to the trans struggle?*

WW: This is a tricky one. For us, it was an obvious priority to have access to abortion medication for our trans community, specifically. That was relatively straightforward to figure out for us. I feel like a lot of the organizing we’ve been doing for our community is specifically being done within a community of trans people who are using hormones. So, although I think there’s a lot of possibility, although I see those struggles as being very intimately tied, they’re the same thing, ultimately, a struggle against patriarchy. It feels tricky to bridge the gap between organizers, who are and who aren’t centering trans people in abortion work. Trying to cross that bridge and show up in those spaces and educate, for us, seems beyond kind of our capacity in terms of trying to coalition build with a lot of cis organizers in that sphere.

But I do think that there’s a lot of possibility there, especially since we’re having to do the same kind of infrastructure building. We’re trying to have people who can drive people over state lines for appointments. I mean, they’re going to the same Planned Parenthood for the trans care they’re getting out of state as the abortion care, they’re getting out of state. So there’s no reason that we shouldn’t be sharing those resources. I think it’s just a matter of, again, doing that slow work of person to person reaching out and kind of like vetting the people we’re meeting before we tell them about what

we're doing, because we're having to work in this gray area of legality. So I don't know, that's a tricky one.

CAINE: I suspect it's probably highly regional and depends on the individuals involved. But in terms of the resources, information resources, legal resources, it's very much the same stuff. If you think about like the way fascism functions, and the reason it targets gender, it's targeting reproductive ability and the external expression of gender because it relies on subjugating most of the population according to a very rigid set of gender roles that it police's viciously and so both of these things are manifestations of that violence, basically.

TFSR: *Right. Yeah, that's a good point. Also a lot of the discourse of the trans panic, it seems to me, when it focuses on youth is around the fear of losing the reproductive capability of the children. To reproduce the white race in some way.*

CAINE: Yes, that struck me since the beginning with the ROGD studies. It's such white replacement theory nakedly out in the open, and nobody was calling it, but like the entire thing was losing the reproductive ability of these kids to reproduce systems of power and literally.

TFSR: *One other thought. I don't know if this is something you have ideas about, but I've been thinking, the decision that overturned Roe v. Wade was like 50 years in the making. We saw over those decades that there was a kind of ineffective liberal lead attempt to defend abortion against this. Do you think that there's lessons that we could we could learn about not replicating the same mistakes in the the attempt to get self determination and autonomy for trans people?*

WW: I mean, for me, this is one I really stew on a lot. When we're talking about how we allocate the mutual aid resources that we have, we have to think about that we want to support organizations, for example, in the two major cities, Kansas City and St. Louis, and we have to talk amongst ourselves like, "Okay, well, this group is doing this work inside of electoralism, but it could be really helpful if their efforts are successful, even though for us, we what we're doing is making sure we'll be okay, no matter what, creating our own safety and security, despite the state. We also recognize that without liberal institutions, that had the money to pony up to fight the AG

law, for example, there wouldn't have been a restraining order and it would have just gone through immediately. So, we're kind of in a position where, both personally rejecting electoralism, and also being like, "Okay, well even if I can't read the laws or don't believe that they're valid or respect the authority, they are dictating the ways that our lives are playing out right now in a very immediate and violent way."

So yeah, as far as a lesson that's learned from all of that, I think, not being afraid to coalition build with people who are working inside of those structures, while also prioritizing doing our work separately, and maybe not being super open with nonprofits and people who are working within electoralism about the gray area stuff that I think we need to do to stay safe right now. But also not just 'poo pooing them, because on some level, they are ensuring at least that we have, in our paradigm, this extra couple of months to operate as things were before this shit moves to the next step.

CAINE: Insofar as it's possible to have a healthy ecosystem for this kind of shit, which is already sort of a weird idea, then I think, probably there needs to be all of these different efforts happening simultaneously with the recognition that not everyone needs to be doing all of that work themselves. And that those of us who are at greater risk, in specific ways, need to focus on addressing the immediate risks to ourselves in our communities and the people who can't access the help through more conventional means.

The kind of liberal organizing you were just outlining in the question, it had a lot of failures, obviously, and one of the biggest failures was that it did not and did not have the ability to reach communities it didn't recognize. It barely recognized trans communities, which at that point, were named and known. It certainly can't and didn't see intersectional communities with disability concerns, it had very weak ability to address the concerns of poverty and the way institutional racism is affecting reproductive care.

In terms of learning from the failures of those organizing methods, I think we can definitely address that coalitional things we can definitely address the blind trust of appealing to the whim of Supreme Court justices will make huge amounts of difference. But in the struggle for abortion, like you said, Dobbs was 50 years in the making and the ability of trans people to be visible has changed dramatically in the past five years. So some of those mechanisms may not be applicable, basically, we are struggling to maintain the set of very shallow victories that have barely managed to happen, and to extend those victories. So it's a different kind of mechanism we're fighting with.

WW: I feel like the obvious lesson is that we need to be very aware of what kind of other organizing is happening, and specifically be aware of those blind spots they have and do everything we can to show up in those blind spots to keep each other safe. That's a big thing about why it feels so important to be centering disability justice in this conversation. Because we've seen how it goes when you just ignore an entire group of the population.

TFSR: *Yeah, these are really important points. Thank you for saying all that. Thinking to this more recent history of relative victories for trans access to care, you both mentioned a little bit about the medical aspect of these rules. And one thing that people have talked about in terms of the anti trans legislation and rulings that have been going on is how it re-medicalizes transness. We moved from the Benjamin rules of access to care, which required a bunch of hoops to jump through in order to be able to get access to hormones and surgery, to the informed consent model being more available for people, which puts the power more in the hands of the people who want the care rather than the doctors.*

You've also mentioned the different reactions from people who aren't taking hormones, which could be because they choose not to, or also because it's so hard to access for so many people. So I just wonder if you had thoughts on the medicalization of transness in relationship to these rulings and how you are incorporating that in your response to it?

CAINE: I have many thoughts on this. The efforts to re-medicalize us are very much a first step. I will also say that some of this is meant to make people take actions themselves. So I have friends in states who are ostensibly as safe as can be. They have trans protection legislation and they're telling me that they are choosing not to pursue hormones and care because they feel like it is not worth the risk for them right now. Or like they've been in the closet for X period of time and they feel like they can continue doing that with the damage that it does and that they admit that it's been doing to them. I understand why one would make those decisions and how it's going to be different from everyone.

I also think that some of this is to step back a lot of the internal community. Whether or not they realized that this is a dynamic, the internal community policing that exists in trans communities sometimes. I got to hormones very late because I identified as non binary initially, and it was not possible for me because my medical system did not use informed consent until I basically got to grad school. I only did so because I could stop and it changed my life in a dramatic way. Having access on that level,

of being able to make that decision myself without having to worry about a bunch of cis people using my existence, if I chose not to continue, against my peers who needed it and who needed it more than me at the time. That's how I framed it to myself, "I can survive without it, even though I know it will help me. I know it will do good for me, but I don't need it enough that it would harm my peers who need it more than me." It has changed my life for the better in every way. I am so grateful to have had the opportunity to try it and one of the things I am personally livid about in all of this is that it is removing that possibility for people who might not otherwise have reached for this and that will be unseen by so many people.

WW: Yeah, for me personally, I couldn't really separate my neuro-divergence and transness as being separate factors of difficult and tumultuous existence for a long time. I think I came to hormones as a final, "I've tried everything else, maybe this will help me feel less shitty" kind of thing. Luckily, I had a friend who was a prescribing OB GYN and try to and had a massive turn-around in my life because of that.

CAINE: Re-medicalizing it means that we're going to go back under the scrutiny of cis doctors to see how we perform a very binary set of gender definitions that doesn't suit anyone, I think and I deeply resent that.

WW: Yeah, I think this is an important thing we can distinguish about our response and understanding from a liberal response and understanding. What they're wanting is assimilation, right? And what does that look like? That looks like people who perform binary gender roles as trans, and so our model little boys and girls don't have to notice we exist. If we look like them, if we talk like them, then they will give us a seat at the table. We know about how much representative politics matters, right? So what we want is absolute bodily autonomy for everyone, without question.

So one exciting thing about operating in the space we have to now, as if our hormones were already banned, is that we don't have to do fucking informed consent to each other, we don't have to say, "Oh, you don't have a dysphoria diagnosis? Then you don't get to have hormones." Fuck that. We will give hormones out like candy, anybody that wants to try it and if it helps, it helps. If not, nothing bad will come of it.

One thing about our work is we're not fighting for anything short of the destruction of these gender binaries. So there is a radical potential in what happens when they start to try and close in on us, we can find ourselves in places of greater expansion.

TFSR: *Yeah, thank you both for sharing your own experiences. What you said is really important, because there's this internal policing that you're talking about, because the larger world in the discourse is that trans people isn't the wanted outcome for anyone, right? It's like, there are trans people, it's like unfortunate, they will be a minority. So there's that discourse that makes it hard for people to transition, because you're choosing to be in this kind of abject position. But there's also this policing about not wanting to be on record as being trans, because I'm afraid of the State and how it's going to start cracking down on us. Then also the gatekeeping, that happens within trans communities around who's actually trans or not, which is really harmful to all kinds of trans people. One of the things that you're saying, that I think is really important is going on hormones doesn't have to be this earth shattering decision. Most trans people have kind of inconsistent access or history of hormones anyway. So we could explore our gender and go back to something else if we wanted or change multiple times in our lives. That's not an image of transness that we ever really get. It's just this one choice.*

WW: Definitely. Yeah. I think the liberal transness that is sold to us as an oppressive force is absolutely repulsive. For me, I'm from out of state, I get State insurance and my care is covered, which for me, is estrogen and progesterone and blockers. But a lot of trans women get testosterone cream to help with sexual function, right? My insurance won't cover both, because in the eyes of the Liberals that fought for my hard earned trans rights, the idea that I would be taking both testosterone and estrogen just doesn't make sense, right?

So there's this very direct sense that we should be able to do whatever the fuck we want, we shouldn't see these things as like 'Girl hormone, Boy hormone,' it's not like that. We know this in our community. The liberal notion that is being fought for of transness is very much still tied to these very colonial constructs. This is a great reason why we should not be centering settler white voices in conversations about gender.

CAINE: And also complete lack of medical information, because like a topical cream has radically different implications on how it's absorbed by the body. Only the people taking it know that and their doctors specifically, which is very frustrating.

WW: Yeah, so much of what we know inside of our community about how hormones work and how they affect us, it's all just based on our own experiences, most of our prescribing doctors don't know anything, really.

CAINE: There's no datasets. When I went for one of my surgeries, I asked my doctor what the outcome would be and she's like, "I wish I could tell you but there is no information on your population. There's like a couple of people I have treated personally but..."

TFSR: *Thank you. The care is so inconsistent and it's so hard to even trust providers often if they have no knowledge of what they're helping you get. So, I just have a couple more questions, one practical and present based, can you share things that you're working on and ways that people can show solidarity or support those projects?*

WW: Yeah, so we are fundraising, and are gonna try and get a social media account stuff up for people to be able to reach out to us for funds. There's some other local nonprofits that are doing grants and stuff and we're just kind of watching to see what kind of means testing they do and if they're prioritizing disabled folks and BIPOC folks or not. So we can make sure that we earmark our funds for the people who need them most. That's one thing we're doing.

In a bigger sense, in our conversations with friends who have been willing to host solidarity actions for us in other states, also dialoguing with them about what they're doing in their communities, and kind of encouraging them to experiment with communized pharmacy model, specifically. Basically, just getting together with their trans community. I think it can be a pretty daunting thing when we're doing it in our paradigm in Missouri, it feels like life or death. But like, getting together with your friends and doing shots together is actually just trans bliss and a sacred ritual and a beautiful thing.

CAINE: It helps people with shot anxiety.

WW: So I think just encouraging trans community in a broader sense to be doing community care work. A lot of that is advocating that people start masking again and finding ways that we can be accountable to the disabled trans community. I don't know when this will be airing, but we should be

live on Instagram shortly as @MidMOTransFolks and we'll have a way for people to donate if they want to, to our mutual aid thing.

TFSR: *We can link and spread that information through our channels too.*

So my last question, unless there's anything I missed that you feel like we need to talk about, please bring that up, but I'm just wanting to know, from the position you're in now, where do you see the struggle for trans liberation going? And if you have more thoughts on the divide between having to meet the State and sort of outside of institution work that we can do? Or like counter power projects, you know, or even just the direct more ideas of direct struggle? Where do you see us going from here on the more positive vision if you have that?

WW: I think I see a positive vision in what's happening in terms of groups of trans people being willing to share freely the knowledge of hormones, and access, and access to material resources, even if it's just money or sharing places to live, and resources for people seeking asylum. There's a lot of power being built in that. I don't think there's a prescriptive way to be like, 'this is how we fight fascism,' and from our vantage the struggle for greater liberation has been something we think about all the time, we talk about all the time, but the reality of our situation is like, now it's a struggle to just be able to stay here and be able to keep living. So maybe not the most positive message, but I think building a culture of resiliency, no matter what comes our way, making sure that the people in our communities all over the so called United States can continue having access to care. I think that's like people manufacturing their own hormones, people taking it into their own hands, because I don't really know what other front we have to fight on at the moment.

CAINE: I'll do a bittersweet one. One of the things that has been hard to communities across state lines right now is that the idea that there's a future feels like it is something for someone else. It is a luxury that I do not currently get to experience beyond maybe a couple of weeks or days. I suspect that's going to be the condition of existing here for a while.

That said, I have a joke with one of my partners, that we desperately wish we could be boring. That we lived through our harrowing transition in our harrowing teen and early 20s and we would really like the ability to just be boring old guys now with some dogs and cats. I suppose the answer to what trans liberation might look like will be different for every single

person in every single community, and possibly a marker of what that could mean is the space for it to be so, and for there to be as many or more ways to be trans as there are people in general. That's where I would go with that.

TFSR: *I love that. That's maybe a good place to end. Unless you have any other thoughts or anything else you want to say to close us out?*

CAINE: No, I'm good.

WW: Yeah, I think that's great.

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